JOINT MPH PROGRAM

UNIVERSITY OF GONDAR AND ADDIS CONTINENTAL INSTITUTE OF PUBLIC HEALTH

PRE-MARITAL SEXUAL PRACTICE AND CONTRIBUTING FACTORS AMONG FEMALE STUDENTS OF HAWASSA UNIVERISITY (MAIN CAMPUS)

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LIST OF ACRONYMS

AAC: Anti-AIDS clubs

AAU: Addis Ababa University

AIDS: Acquired immune-deficiency syndrome

ANC: Antenatal Care

BSS: Behavioral Surveillance Survey

CDC: Communicable Disease Control

CI: Confidence Interval

COR: Crude Odds Ratio

CORHA: Consortium of Reproductive Health Alliance

CSA: Central Statistics Authority

DALY: Disability-Adjusted Life Years

DHS: Demographic Health Survey

EC: Emergency Contraception

EPHA: Ethiopian Public Health Association

FHI: Family Health International

FMOH: Federal Ministry of Health

FP: Family Planning

HAPCO: HIV/AIDS Prevention and Control Office

HIV: Human immune - deficiency virus.

ICPD: International Conference on Population and Development

KAP: Knowledge Attitude and Practice

MSP: Multiple Sexual Partners

LGV: Lymphogranulomma Verereum

RH: Reproductive health

RPR: Rapid Plasma Reagent

SD: Standard Deviation

SNNPR: Southern Nations Nationalities Peoples' Region

SRH: Sexual and Reproductive health

STI: Sexually Transmitted Infections

TV: Television

TVET: Technical Vocational Educational Training

UN: United Nations

UNICEF: United Nation Infants and Children Emergency Fund

WHO: World Health organization

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ABSTRACT

Background: Students of higher institutions that fall in youth bracket are liable to many SRH problems like other youth. These problems include gender-based violence, sexual coercion, STD's including HIV/AIDS, unwanted pregnancy and abortion. But studies focusing on SRH condition of youth in higher learning institutions are very limited.

Objectives: The objective of the study was to determine the prevalence of pre-marital sexual practice and contributing factors for this practice among female students of Hawassa University.

Method: A cross-sectional quantitative study was conducted from May 1-21, 2009. A self administered questionnaire was used to assess the prevalence and contributing factors of premarital sexual practice among female students of Hawassa University.

Results: Of 537 respondents, 230 (42.8%) reported that they had boy-friend. Almost all, 509(94.8%) of respondents were single, 20(3.7%) reported that they had casual sexual partner at their stay in the university.

The prevalence of premarital sexual practice among unmarried students was 30.8% with mean age at first sex of 18.52±1.53.Multivariate logistic regression analysis revealed that those having no boy-friend reported to have greater chance of exposure to premarital sexual practice as compared to females with a boy-friend [COR=8.841(5.747, 13.600) and AOR=8.462(5.341, 13.408)]. Being in age group 20-29[COR=0.382(0.256, 0.570) and AOR=0.377(0.226, 0.468)] and living with families [COR=1.029(0.508, 0.724) and AOR=0.080(0.014, 0.454)] were found to be a protective factor for premarital sexual activity.

Conclusion and recommendations: The study revealed that the prevalence of pre-marital sexual practice among female students of Hawassa University was high. It was also observed many students started sex while they are in the campus. It was found that having boy-friend, age and living condition of students were predictors of premarital sexual practice.

It is recommended to establish or strengthen youth friendly sexual and reproductive health services in the university.

INTRODUCTION

According to ICPD, reproductive health is defined as a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity, in all matters related to the reproductive system. Reproductive health encompasses several different but interrelated dimensions. Among the many dimensions, provision of information and counseling services related to sexuality and responsible parenthood is one of them. Sexuality is a central aspect of humanity and encompasses sex, gender identities and roles, sexual orientation, eroticism, pleasure, intimacy and reproduction **(1)**.

Worldwide, problems related to sexuality and reproduction have become increasingly important **(2, 3)**. The most common SRH problems include: early sexual debut, early marriage, early child-bearing, unwanted pregnancy, STI/HIV/AIDS and abortion **(3)**. These problems are highly prevalent in the youngest segment of the population **(2, 3, 4)**.

Young people aged 10-24, are important population segment with a great potential for physical, mental and psychological development. According to recent estimation, 17% of the world population is composed of youth age 15-24 years. The same estimate put the proportion of youth 20% and 17.9% for Sub-Saharan Africa and Ethiopia respectively. About 85% of the 1.2 billion adolescents of age 10-19 years worldwide reside in developing countries and young people comprise a quarter of their population**(5).**

Though both female and male youth are highly affected by SRH problems, the problem is more pronounced in females **(4)**. There are reasons for the disproportionately high prevalence of SRH problems among females. Females are biologically vulnerable to SRH problems as compared to

males**.** There are SRH issues which are specific to them. Problems related to pregnancy, child birth are biologically ascribed to females **(6)**.

Females are less educated than males. Females face major discrepancies regarding access to education. The gender parity index shows that boys in rural areas are twice as likely as girls to attend secondary school. It is estimated that half of girls age 15-19 are literate compared to 75% of boys in the same age group**.** The low educational status of females is expressed in low knowledge on sexuality which in turn predisposes them to SRH problems **(2**).

Females are less empowered economically which directly affect the negative SRH outcomes. The health-seeking behavior of females is related with their income. Most Ethiopian young married adolescents, 15-19 years of age, can't decide on how their own earning can be used. Ten percent of these female adolescents have no decision-making power at all on the use of their resources **(7, 8)**.

There are different factors that can affect SRH behaviors of youth in general. The most important one is lack of information. In a study conducted in Ukraine, although 99% of girls had heard of AIDS, only 9% could correctly identify the three primary ways of avoiding sexual transmission. In Somalia, only 26% of girls have heard of HIV/AIDS, only 1% knew how to avoid infection **(4)**. In Ethiopia, knowledge of programmatically important HIV prevention method is 59.9% among TVET class students, it becomes 53.7% among 8^{th} grade students **(9)**.

The health-seeking behavior of adolescents/ young people particularly in relation to their SRH in Ethiopia is very low. Some of their behavior and challenges can be attributed to lack of youth-friendly services that reassures confidentiality. Service providers' bias against this section of

population and a low level of awareness among members of community adversely affects health-seeking behavior of adolescents **(10)**.

The students of higher institutions that fall in youth bracket are liable to many SRH problems like other youth. These problems include gender-based violence, sexual coercion, sexually transmitted diseases including HIV/AIDS, unwanted pregnancy and abortion. Unlike other youth group, university students are confined to a separate compound. They are also separated from the family tie and in many instances they are deprived-off sufficient money for their miscellaneous expenses. Due to these and other factors, it's common to see university students engage in risky sexual behaviors like unprotected pre-marital sexual activity and its consequences **(11)**.

A recent study among students of AAU revealed that students have inconsistent level of knowledge on different SRH issues. Majority, 84.7% of the respondents reported that they know at least one modern method of contraception. Assessing the fertility awareness of the respondents by asking to identify the fertile period in the women's menstrual cycle, only 46.9% of them correctly pointed-out the time.

Of all the students, 30.5% reported that they ever had sex, 68.4% being in the past one year. The median age at first sexual intercourse was 18 years. Nearly 15% of sexually active students gave peer pressure as a reason for sexual initiation. A quarter of the sexually active respondents reported more than one sexual partner preceding 12 months prior to the study **(5)**.

Treating SRH problems as a separate entity isn't a long practice in our country. Most of youth SRH programs that have been implemented in the last decades serve youth enrolled in school and those living in urban and peri-urban centers. Most young people live in rural areas, and only 15% are enrolled in secondary schools. Thus, SRH programs gave less emphasis to rural areas.

Even within urban areas, the coverage is very limited with only 12% of young people sampled in Addis Ababa visiting youth centers. Most youth programs failed to recognize the distinct needs and view the beneficiaries as a homogeneous group **(3)**. In Ethiopia, very little has been done to address SRH problems of students in higher institutions. Many students of higher learning institutions aren't aware of SRH issues and deprived of appropriate health care service in spite of high prevalence of the problems **(11)**.

The government of Ethiopia endorsed a national strategic documents on Adolescent & Youth RH (2007- 2015) and Reproductive Health (2006-2015). These two strategic documents outlined the high prevalence of SRH problems among the general public and among the youth in particular. The document clearly depicts the guiding principles in addressing key SRH problems. Subsequent to the development of these documents, SRH services gained greater momentum. Interventions targeted at policy, community and program levels are undergoing. Although there is a progress in the reduction of negative SRH outcomes, there are still many more hills to climb in reaching the target set **(12)**.

There were few studies conducted in school settings to assess the SRH problems among students. Most studies conducted at most centralized level and are targeted to assess the prevalence of the SRH problems. A study that tries to address SRH issues particularly premarital sexual activity in the research area is lacking.

This study tries to assess the prevalence of premarital sexual practice and contributing factors to it among female students of Hawassa University.

LITERATURE REVIEW

WHO has defined “adolescents” as persons in the 10-19 years age group, while “youth” has been defined as persons in the 15-24 years of age. The two are often named in combination as “young people” covering the range of 10-24 years. This proportion varies for developed and developing nations. Young people make up only 21% of the population of the developed countries but 29% in the least developed countries. Currently, there are more than 1.5 billion people between the age 10-24 years, largest number ever, and 85% of them live in the developing countries **(12)**.

Worldwide problems related to SRH have become increasingly important. Sexual activities among adolescents have been reported to be increasing. Several studies in Sub Saharan Africa developing counties **(12)**.also documented high and increasing premarital sexual activities among adolescents. According to a study conducted among adolescents in slum area of Kenya, among unmarried adolescents, 32% of boys and 36% of girls have had sexual intercourse. In a similar study, 31% of boys and 24% of girls are sexually experienced. Ninety nine percent of boys first had sex premarital, compared to 88% of girls **(14)**.

Ethiopia has a very young population; 40% of its 77 million inhabitants are younger than 15 years. Ethiopia faces a very rapid population growth, with an estimated 2.6 million additional people a year. This places serious challenges for poverty reduction and development. Early age at marriage and extremely low use of contraceptives are key behavioral factors contributing to the high fertility in the country **(3)**.

In a national study in Ethiopia, young in-school youth were asked if they had ever had sexual intercourse with an individual of the opposite sex, and 9.9% were found to have had sexual experience. Disaggregated by sex, 14.6% of males had had sex compared to 5.3% of females.

The commonest reason for starting sex were personal desire (67.1%) and peer pressure (19.3%). A considerable proportion of females (15.3%) reported that they were forced into first sex **(9)**.

A study done among Addis Ababa university students to assess their knowledge, attitude and practice towards HIV/AIDS, 19.5% of the students in the survey have ever had sex in the past. Of those who are sexually active, about 6% started sex before the age of 15 and 16% started sex between 15-19 years of age **(19)**.

The few earlier studies conducted among freshman college students at Gondar college of Health Sciences revealed that their knowledge of AIDS was more than average. This study reported 40% of the students to have practiced sexual intercourse and half of the sexual contact to have been with prostitutes or casual individuals **(19).**

In a study conducted among high school students in Nekemte town, 21.5% of adolescents reported having premarital sexual intercourse at the time of the survey. The mean age at first sexual intercourse was 16.2 years for males and 15.2 years for females. Among those adolescents who had premarital sex, the majority (57.2%) had their first sexual intercourse between the ages of 15 and 17 years. The main reasons for initiation of sexual intercourse among sexually active students were: fell in love- 33.8%, desire to practice sexual intercourse in -30.3%, peer pressure - 17.2% and for money or gifts- 7.6 %**(15).**

Every year, more than 120 million couples have an unmet need for contraception, 80 million women have unintended pregnancies (45 million of which end in abortion), more than half a million women die from complications associated with pregnancy, childbirth, and the postpartum period, and 340 million people acquire new gonorrhea, syphilis, Chlamydia, or trichomonas infections**(10).**

Sexual and reproductive ill-health mostly affects women and adolescents. Women are disempowered in much of the developing world and adolescents, arguably, are disempowered everywhere. Sexual and reproductive health services are absent or of poor quality and underused in many countries because discussion of issues such as sexual intercourse and sexuality make people feel uncomfortable **(10)**.

After pregnancy-related causes, sexually transmitted infections are the second most important cause of healthy-life lost in women. In 1990, the World Bank estimated that sexually transmitted infections (excluding HIV), accounted for 8.9% of all disease burden in women aged 15–45 years, and 1·5% in similarly aged men**(1)**. In the same year, the Global Burden of Disease and Injury report estimated that 18·6 million DALYs were lost from syphilis, gonorrhea, and chlamydia—i.e, 1·5% of the total calculated global burden of diseases and injuries. However, if one includes sexually transmitted HIV infection, sexually transmitted infections and HIV easily become the leading cause of healthy life lost in many countries **(1, 17)**.

In 1999, WHO estimated 340 million incident cases of only four curable sexually transmitted infections (gonorrhea, syphilis, Chlamydia, trichomonas**)(17)**. Infection rates are not evenly distributed, ranging from a yearly incidence of 2·2% in East Asia and the Pacific to 25·7% in Sub–Saharan Africa among the population aged 15–49 years. Moreover, there are at least 30 other bacterial, viral, and parasitic sexually transmitted infections, which raise these incidence figures substantially **(21)**.

In a study conducted in Kenya among slum dwellers, 5% of boys and 6% of girls had a sexually transmitted disease, either diagnosed or suspected. A large proportion of girls didn't seek treatment (52%) compared to 20% of boys reported not doing anything. Those who sought reported going to a clinic or hospital **(14).**

According to AIDS report in Ethiopia, of the total 28,016 ANC clients who tested for Syphilis, 632 (2.3%) were found to be reactive for RPR **(16)**.

OBJECTIVES

General objective

- To assess premarital sexual activity and contributing factors among female students of Hawassa University.

Specific objectives

- To determine the prevalence of pre-marital sexual practice among female students of Hawassa University.
- To assess factors contributing to premarital sexual practice among female students of Hawassa University.

METHODOLOGY

Study design

A cross sectional quantitative study was conducted among 572 female students of Hawassa University from May 1-21, 2009

Study Area

The study was conducted in Hawassa, which is the capital city of SNNPR. Hawassa is located 275 kms South of Addis Ababa. The study was conducted primarily in Hawassa University main campus.

Hawassa University was established in 2005 as its own after Debub University is separated into two independent universities: Dilla and Hawassa universities. The university encompasses four colleges in it. These are Hawassa University main campus, Hawassa College of Health Sciences, Hawassa College of Agriculture and WendoGenet College of Forestry.

Hawassa University main campus has a total of 8,654 students of which 1,875 are females. The university has five major faculties. These faculties are: Faculty of Law, Faculty of Social Sciences, Faculty of Technology, Faculty of Business and Economics and Facility of Natural Science. Currently, the students are attending their studies, from Year I to Year IV, in different departments under the five mentioned faculties.

There is one anti-AIDS club in the university which organizes information giving events to the students. The club is organized and led by volunteer students. The AAC arrange events on occasions like World AIDS Day. It also gives information and education on issues related to HIV/AIDS.

One student clinic with one nurse and laboratory technician is available to the students in the university. The clinic renders basic health services to the students. It also gives referral services to students in cases of critical health problems.

Table 1: Profile of regular students by academic Year, June 2009, Hawassa University

Year	Male	Female	Total	Remark
Year I	3,829	1,135	5,064	
Year II	1,342	386	1,728	
Year III	1,150	288	1,438	
Year IV	358	66	424	
Total	**6,679**	**1,875**	**8,654**	

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Study population

The study population for the research was all regular female students attending their study at Hawassa university main campus from year I to IV.

Sampling and Sample size

Stratified sampling technique was used to select students for the study. The stratum was formed by using students' academic year. The number of students included in the sample from each stratum was proportional to the number of students in each year (Probability Proportional to Size-PPS).

Sample size was determined using Stat calc (EPI info version 3.4) sample size calculation formula for population survey. The following assumptions are made in determination of sample size.

- Proportion of premarital sexual activity in similar study among high school students in Nekemte town (expected frequency): 21.5%

- Margin of error: 3%
- Total population: 1,875

Epi-info gave a sample size of **520** and with 10% non-response rate; the sample size is **572**. (Table 2)

Table 2: Sample size calculation for population study, June 2009

Total Population	Precision	Worst Acceptable Result	Expected Frequency	Sample Size	Plus 10% non-Response Rate
1,875	4%	25.5	21.5	333	367
1,875	3.5%	25.0	21.5	413	455
1,875	3%	24.5	21.5	520	572

The sample size for internal comparison is calculated as indicated in the table.

Taking 'having a boy-friend' among sexually active high school students in Nekemte town (43.9%) as a factor, sample size for internal comparison is shown in the table **(15). (**Table 3)

Table 3: Sample size calculation for internal comparison, June 2009

Confidence Interval	Power	Ratio of unexposed to exposed	Odds Ratio	Sample Size		Total Sample Size
				Unexposed	Exposed	
95%	80%	2:1	2	218	109	327
95%	80%	2:1	2.5	130	65	195
95%	80%	2:1	3	94	47	141

The sample size for internal comparison is 393. The number of participants in the exposed is 131 and that of non-exposed is 263.

After sample size was determined using the above formula, list of female students in each academic year was obtained from the Registrar Office. Students were selected from the list by

using systematic random sampling method. The students who were included in the sample from each academic year were proportional to the number of students in each academic year.

The total sample size for the study was **572**.

Inclusion Criteria

All female, regular students, from year I to IV, irrespective of their departments were included in the study.

Data collection tools and procedures

A structured, pre- examined and self administered questionnaire was used for data collection. The questionnaire was adopted from the nationwide survey on youth conducted by EPHA with the support of EPHA-CDC project-2005. The questions had undergone some modifications to make the survey more contextual. Information considered in the questionnaire includes;

- Socio-demographic characteristics
- Knowledge of participants on SRH(SRH problems, pregnancy, Family planning etc)
- Sexual experience of the participants
- Service utilization(availability of SRH service in the university, utilization pattern)
- Consequent RH problems with unprotected sexual practice.

A total of 7 students from the students' council office were nominated as data collection facilitators. A brief overview of the research, which includes the objective, methodology used, data collection tool and ethical issues, was done with data collection facilitators. Comments by the side of data collection facilitators were incorporated.

The questionnaire was pre-tested among female students of Hawassa Teachers Training institution. This institution is one of the government-owned institutions in Hawassa which render Diploma program in teaching. After the pre-test, drawbacks were identified and amended accordingly. To maintain the confidentiality of the information, the respondents were provided with envelope to seal and deliver the questionnaire to the facilitators. This helped also possible biases by the side of the facilitators. The overall data collection process was supervised by the principal investigator. The collected data was evaluated on daily basis.

Data Analysis and data quality

The study used pre-marital sexual practice as the dependent variable and different socio-demographic characteristics as explanatory variable. The study also assessed SRH knowledge, service utilization pattern and related RH issues among the respondents.

The data after collection was entered into Epi-Info 3.3.2 version. Data cleaning was done with the same software. After that data was exported to SPSS version 13 and further analysis was done. Frequency and percentages of different variables were determined during analysis. In addition, odds ratios were determined for selected socio-demographic variables to see possible associations. Logistic regression was used to control the effect of confounders.

Operational Definitions

Sexual and Reproductive Health: In this study refers to the reproductive health in relation to sexuality, STI/HIV/AIDS, contraception, unwanted pregnancy, abortion and gender-based violence.

Casual sexual partner: In this case refers to sexual partner who don't have constant relation with the participant.

Sexual initiation: starting sexual relationship with someone.

Sexual debut: time of first sexual intercourse.

Pre-marital sexual practice: sexual intercourse performed before formal marriage arrangement.

Ethical Considerations

Ethical approval was obtained from departments of Community health, Addis Continental Institute of Public health and University of Gondar. Before data collection among the students, Official from Hawassa University was consulted and permission was also obtained. The participants gave their consent before administering the questionnaire. The respondents were informed that the information provided while data collection be used for the purpose of the study only.

The questionnaires weren't given any identification before data collection process. The respondents were provided with envelope to seal and deliver the questionnaire after filling to maintain the confidentiality of the information they provided.

RESULTS

❖ Socio-demographic characteristics

It was intended to include a total of 572 students in the study but 537(Response rate of 94%) students actually participated. Thirty-five (6.1%) of the questionnaires were excluded from analysis because of gross error. The mean age of the respondents was 19.9(SD±1.47). Among 537 respondents, 230(42.8%) had boy-friend. The dominant religion was Orthodox, 323(60.1%), followed by Protestants, 125(23.3%) and almost half, 215(40.0%) belonged to the Amhara ethnic group. Almost all, 509(94.8) of the respondent students were single and 20(3.7%) were reported to have casual sexual partner in their stay in the campus. The respondents' average pocket money was 223.47 ETB (SD±209.25) and majority, 450(83.8%) of the respondents resided in the premises of the university campus. Three hundred twenty (60.5%) of the respondents were freshman students, 118(22%), were second year students. (Table 4)

Table 4: Socio-demographic characteristics of female students of Hawassa University (n=537), 2009

Socio-demographic characteristics	Frequency	Percentage
Age		
❖ 15-19	228	42.5
❖ 20-29	309	57.5
Marital status		
❖ Single	509	94.8
❖ Married	8	1.5
❖ Have casual sexual partner	20	3.7
Having boy-friend		
❖ Yes	230	42.8
❖ No	307	57.2
Ethnicity		
❖ Amhara	323	60.1
❖ Oromo	125	23.3
❖ Tigrie	71	13.2
❖ Sidama	12	2.2
❖ Others	6	1.2
Religion		
❖ Orthodox	215	40.0
❖ Protestant	143	26.6
❖ Muslim	66	12.3
❖ Catholic	31	5.8
❖ Others	82	15.3
Living condition		
❖ Inside the campus dormitory	450	83.8
❖ Outside campus dormitory	87	16.2
Pocket money		
❖ 0	112	20.9
❖ 1-150	104	19.4
❖ 151-450	260	48.4
❖ 451-1000	58	10.8
❖ 1000-2000	3	0.6
Academic Year		
❖ First Year	325	60.5
❖ Second Year	118	22.0
❖ Third Year	73	13.6
❖ Fourth Year	21	3.9

❖ Knowledge of students on SRH

Respondents were asked to mention the major sexual and reproductive health problems of young people. Among them, 157(29.2%) identified unwanted pregnancy as SRH problems of young people.HIV/AIDS and other STI's were mentioned by 429(79.9%) of the respondents. One hundred forty one (26.3%) of the students mentioned abortion and its complication as a major SRH problems of the youth. Violence was mentioned by 89(16.6%) of the 537 respondents. Twenty one (3.9%) of the respondents couldn't specify any of the SRH problems of the youth.

A considerable number of students, 161(30%) didn't believe that students in the university could encounter SRH problems. Three hundred seventy six (70%) of the respondents believed that students in the university could encounter these problems.

Among the respondents who believed that SRH problems are common among university students, they were asked to mention the common ones and which one is the biggest among the mentioned SRH problems. Two hundred fifteen (57.2%) of the students mentioned untimely sexual practice, 282(75.0%) –unplanned pregnancy, 270(71.8%) - abortion, 242 (64.4%)-sexually transmitted diseases. Violence was mentioned by only 83(22.1%) of the respondents.

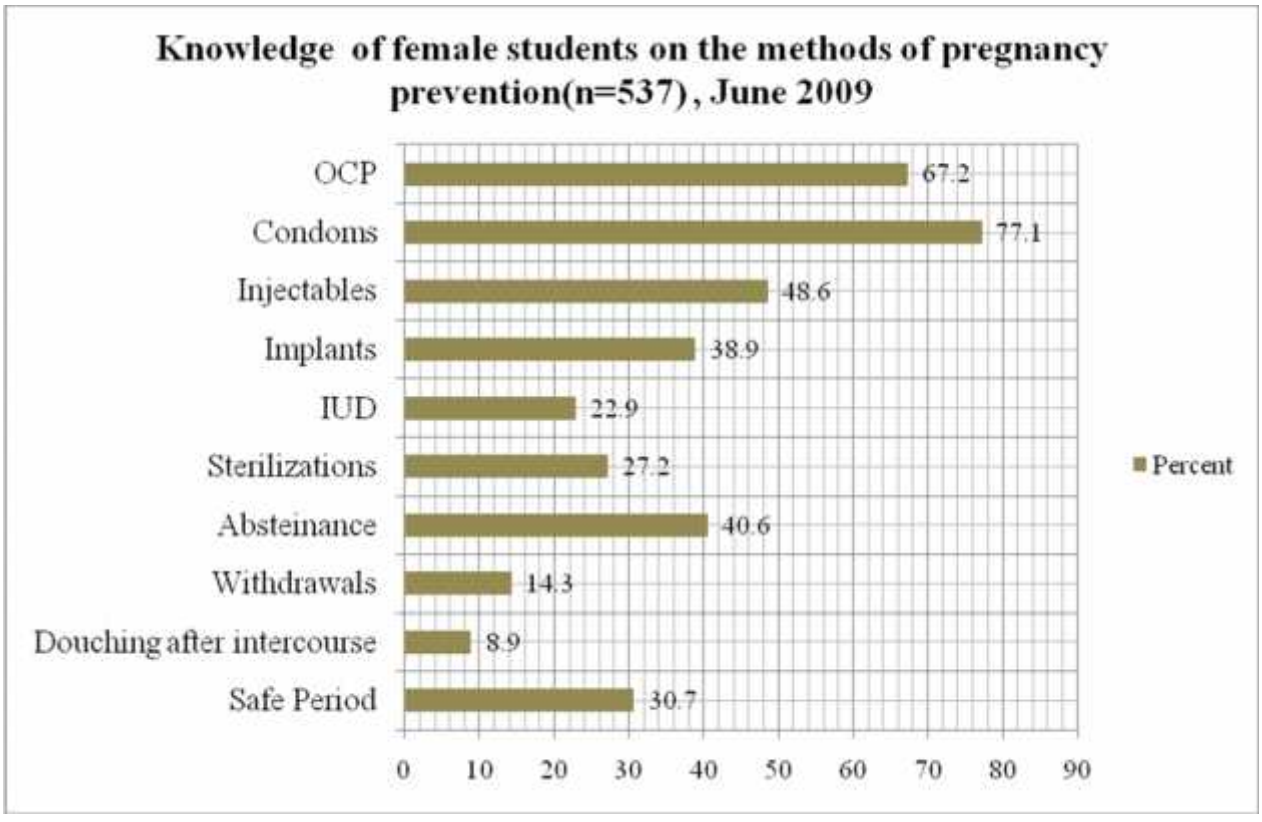
Of the problems mentioned by the respondents, sexually transmitted diseases, 158(42%), abortion, 130(34.6%), untimely sexual practice, 116(30.9%) and violence -13(3.5%) were considered the biggest problems in descending order.

Respondents were asked the time when students have to know about SRH and related problems. Most of them, 369(68.7%) believed that SRH problems should be dealt with at elementary schooling, 133(24.8%) of them believed that students should know about sexual and

reproductive health and its problems at secondary schooling. Eleven (2%) of the respondents didn't know when students need to know about SRH and its problems.

Most students, 414(77.1%) mentioned using condom as a method for the prevention of pregnancy, followed by using oral contraceptive pills -361(67.2%). Two hundred sixty one (48.6%) of the students referred injectables as a means to prevent pregnancy. Safe period was mentioned as a means to prevent pregnancy by 165(30.7%) of the respondents. Douching after intercourse was indicated by 48(8.9%) of the respondents. (Figure 1)

Figure 1: Knowledge of female Hawassa university students on the ways of prevention of Pregnancy, Hawassa, June 2009

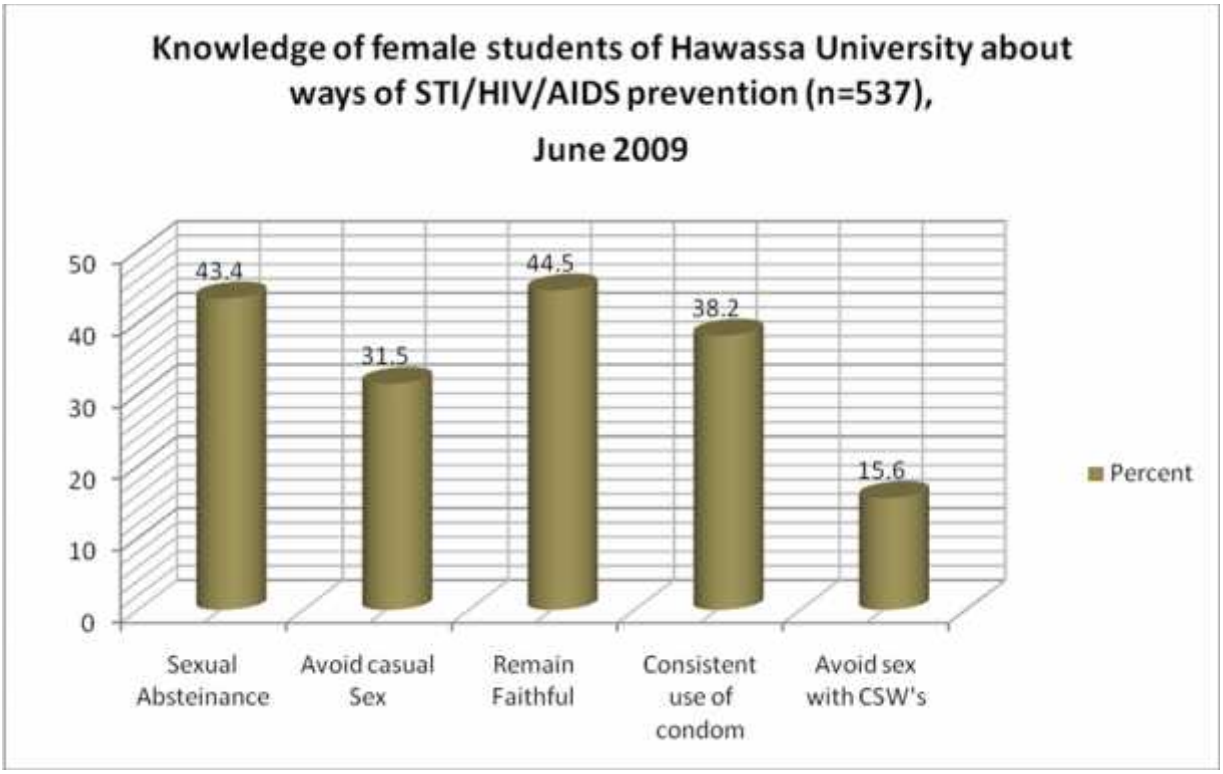


Concerning the Rhythm method (Safe period) of contraception, students were asked to identify the fertile period in the menstrual cycle. Many students, 157(29.2%) mentioned it as time right after the period, 149(27.7%) just before period begins and 146(27.2%) in the middle of her period. Fifty six (10.4%) of the respondents didn't know the exact time of fertile period.

Sexually transmitted diseases are diseases mainly contracted through unprotected sexual intercourse. Almost all, 521(97.0%) of the students knew HIV/AIDS as a sexually transmitted disease. Only 142(26.4%) of the students identified lymphogranuloma venereum (LGV) as a disease related with unprotected sex. Two hundred seventy nine, 52%, 253(47.1%) and 206(38.4%) mentioned gonorrhea, syphilis, and chancroid respectively as diseases transmitted through unprotected sexual intercourse.

The respondents were asked to mention the ways of STI prevention. Nearly half of the respondents, 233(43.4%) indicated sexual abstinence as STI prevention strategy. (Figure 2)

Figure 2: Knowledge of female students of Hawassa University about prevention of sexually transmitted infections/HIV/AIDS, Hawassa, June 2009



Majority, 395(73.6%) of the respondents believed that a girl can get pregnant the first time she had sex. A considerable number of students, 142(26.4%) either didn't know or didn't believe that a women could get pregnant the first time she had sexual intercourse. Most of the respondents, 381(70.9%) believed that there must be someone in the university who should be consulted by students concerning sexuality, HIV/AIDS and other STI's.

The main source of information concerning SRH including HIV/AIDS and other STI's, FP and pregnancy for the students was TV/radio, 433(80.6%) followed by friends in the university, 316(58.8%), and *leaflets,posters,newspaper,magazines* -258(48.0%). Twenty two, (4.1%) of the students reported that they had nothing as a source of information for issues related to HIV/AIDS, sexuality and FP.

Respondents were asked where they prefer to go if they need more information regarding sexual activity, pregnancy, abortion, HIV/AIDS and contraception issues. Most of the students, 208(38.7%), preferred to go to clinic outside the university. (Table 5)

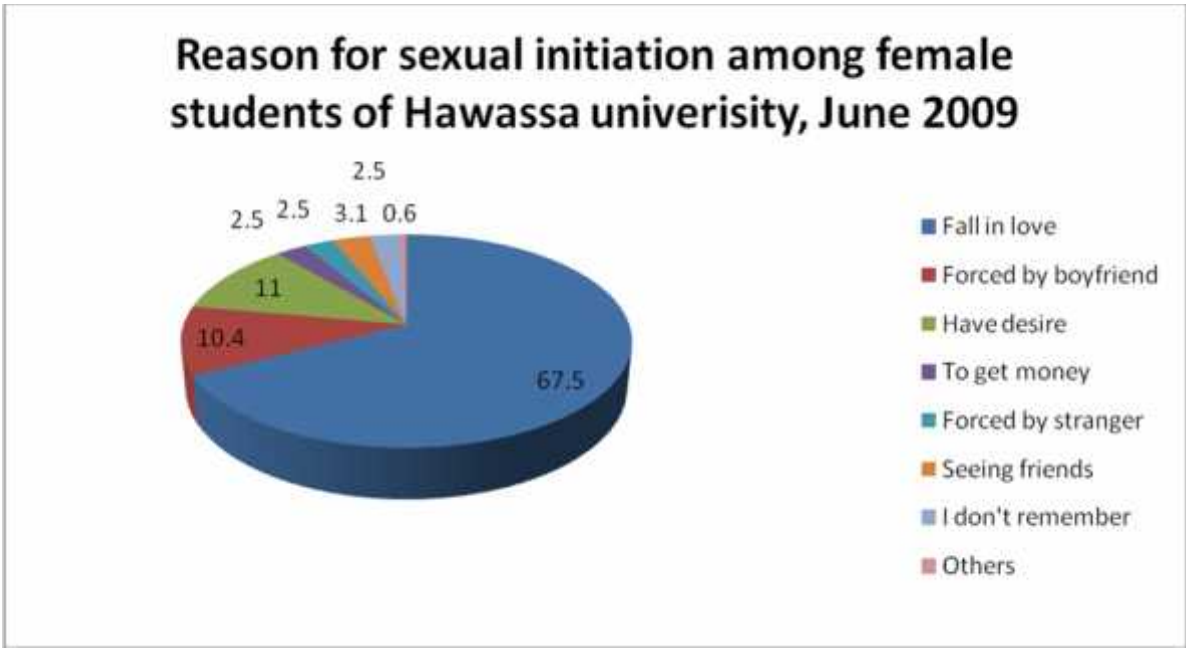
Table 5: Students' preference to go in case of seeking more information on SRH, Hawassa, June, 2009

Place to go for more information on SRH	Frequency	Percentage
Friends in the university campus	164	30.5
Clinic in the university campus	89	16.6
Friends outside university campus	52	9.7
Clinic outside the university campus	208	38.7
Others	24	4.5
Total	**537**	**100**

❖ Sexual practice

The prevalence of pre-marital sexual practice among female unmarried students (n=529) was 30.8%. The mean age for sexual debut was 18.52±1.45. The major reason for engaging in sexual activity was falling in love, 110(67.5%). (Figure 3)

Figure 3: Reasons for sexual initiation among female sexually active students of Hawassa University (n=531), Hawassa, June 2009.



Regarding the current sexual practice, respondents were asked about with whom they have sexual intercourse currently. Nearly half, 74 (45.4%) had school friend as current sexual partner, 38(23.3%) responded that their current sexual partner was out-of-school friend. Fiancé was mentioned by 42(25.8%) of the respondents as current sexual partner. Referring to the last sexual practice, participants were asked about the relationship with their partner. Most of the respondents, 84(51.5%), referred friend, 54(33.1%) referred fiancé.

Nearly one-fourth, 43(26.4%) of the students didn't use any method of contraception during their last sexual intercourse. The main reason given for not using contraception at their last sexual intercourse was because of having infrequent sex which constitute 13(28.3%), followed by fear of side effects, 10(21.7%) and lack of information, 6(13%).

Of sexually active respondents, 36(22.1%) reported that they had more than one sexual partner in the last twelve months. One hundred twenty seven (77.9%) reported one sexual partner within the last twelve months time.

Those students who are sexually active were asked if they have ever use contraception. Many, 122(74.8%) have used contraception before, but a considerable number of respondents, 41(25.2%) have never used contraception before.

A substantial number of students, 129(24.3%) either didn't agree on women's ability to refuse to have sexual intercourse if not willing or had no idea of exercising the right to refuse for undesirable sexual interaction.

The main reasons cited by students for no initiation of sex was need to wait until marriage, 185(49.5%), followed by religious values, 101(27.0%) and emotional readiness, 48(12.8%).

❖ Service Utilization

Only 94(17.5%) of the students knew that there is health service in the university that provides services related to sexuality and its outcomes to the students. Many of the students, 129(24.0%) didn't know that there is health service in the university that give SRH services. Three hundred forty (58.5%) of respondents reported that there is no health services in the university for SRH problems.

Eighteen respondents have ever visited the clinic for their SRH problem, and 9(50.0%) of the students claim that the service was discouraging and not-welcoming, 9(50%) among those who visited, weren't comfortable to ask the provider about issues related to sexuality. The majority, 16(88.9%) of the students preferred to go to either private clinic or government health institutions outside the premises of the campus for SRH service needs.

Half of the respondents, 278(51.8%) would like to have SRH service in the university, 186(65.1%) were willing to pay for SRH services if available in the university.

- **SRH Issues (Unwanted pregnancy, Exposure to STI)**

Twenty two (4.1%) of the students had reported exposure to different reproductive health problems. Nearly two third, 13(59.1%) of those who had exposure to RH problems experienced abortion, 4(18.2%) had sexually transmitted diseases.

Respondents were asked whom they consult in times of exposure to different reproductive health problems. Friends, in-school and out-of-school, 14(63.7%) and families 4(18.2%) were consulted by respondents in times of exposure to reproductive health problems.

A total of 15 respondents reported that they were pregnant in their stay in the university. Among the total 15 pregnancies reported, 13(86.7%) was unwanted and ended up with abortion.

In univariate analysis, being in age group 20-29[COR=0.382(0.250, 0.570)], a fourth year student [COR=0.238(0.115, 0.694)], having a pocket money [COR=0.429(0.254, 0.724)] and living with friends [0.117(0.032, 0.431)] or alone [COR=0.078(0.017, 0.360)] were found to be a protective factor for premarital sexual practice. Not having a boy-friend was positively associated with premarital sexual activity [COR=8.841(5.747, 13.600)] among female students of Hawassa University.

Multivariate logistic regression analysis was used to control for the effect of confounders and to identify the real factors contributing to premarital sexual practice. Accordingly, those females having no boy-friend reported to have a greater chance of exposure to premarital sexual practice as compared to females with a boy-friend [COR=8.841(5.747, 13.600) and AOR=8.462(5.341, 13.408)].

On top of this, being in age group 20-29[COR=0.382(0.256, 0.570) and AOR=0.337(0.226, 0.648)] and living with families [COR=1.029(0.568, 1.866) and AOR=0.080(0.014, 0.454)] were found to be a protective factor for pre-marital sexual activity. (Table 6)

Table 6: The relationship of pre-marital sexual practice with socio-demographic variables among female students of Hawassa University, June 2009

Variables	Pre-marital sexual activity		Crude OR (95% CI)	Adjusted OR(95% CI)
	Yes	No		
Age				
• 15-19	44(19.3)	184(80.7)	1.00	
• 20-29	119(38.5)	190(61.5)	**0.382(0.256,0.570)**	**0.377(0.226,0.648)**
Had boy-friend				
• Yes	126(54.8)	104(45.2)	1.00	
• No	37(12.1)	27(87.9)	**8.841(5.747,13.600)**	**8.462(5.341,13.408)**
Academic Year				
• First Year	89(27.4)	236(72.6)	1.00	
• Second Year	42(35.6)	76(64.4)	0.682(0.436,1.069)	
• Third Year	20(27.4)	53(72.6)	0.999(0.566,1.766)	
• Fourth Year	12(57.1)	9(42.9)	**0.283(0.115,0.694)**	
Ethnicity				
• Amhara	61(28.1)	153(71.5)	1.00	
• Oromo	51(35.7)	92(64.3)	0.719(0.457,1.131)	
• Tigrie	26(39.4)	40(60.6)	0.613(0.345,1.091)	
• Sidama	13(40.6)	19(59.4)	0.583(0.271,1.253)	
Religion				
• Orthodox	97(30.0)	226(70.0)	1.00	
• Protestant	37(29.6)	88(70.4)	1.021(0.650,1.604)	
• Muslim	20(28.2)	51(71.8)	1.094(0.619,1.934)	
• Catholic	6(50.0)	6(50.0)	0.429(0.135,1.364)	
Pocket Money				
• Yes	126(54.8)	104(45.2)	**0.429(0.254,0.724)**	
• No	37(21.1)	270(87.9)	1.00	
Living Condition				
• With family/relatives	17(27.4)	45(72.6)	1.029(0.568,1.866)	**0.080(0.014,0.454)**
• With friends in rented house	10(76.9)	3(23.1)	**0.117(0.032,0.431)**	
• Alone in rented house	9(81.8)	2(18.2)	**0.078(0.017,0.360)**	
• In the campus dorm	126(28.0)	324(72.0)	1.00	

DISCUSSIONS

This study tried to point out the situation of sexual and reproductive health in Hawassa University by taking premarital sexual activity as the main outcome variable. Consequent to the results of the study, it was found out that students in the University had inconsistent and inadequate knowledge on issues related to sexual and reproductive health, engaged in pre-marital sexual practice and have less access to SRH services.

The prevalence of premarital sexual practice in the study population was 29.6%. This figure is considerably high as compared to the findings of national HIV/AIDS BSS. In this survey, 9.9% of the in-school youths were sexually active before marriage **(9).**The difference in the magnitude of pre-marital sexual activity might be due to the difference in the composition of the respondents in the study.

As compared to a study conducted among students of Gondor Medical College (prevalence= 40%), this prevalence is somewhat smaller. A recent unpublished study among students of AAU has revealed nearly similar level of premarital sex (30.5%) **(5).** Another KAP study on EC among students of AAU reported the prevalence of pre-marital sexual practice of 19.5 %**(20).** The findings of the study showed that premarital sexual practice in the study area is almost the same as compared to other research findings.

The mean age at first sexual intercourse was 18.52±1.53. According to BSS, 40% of in-school youth initiate sex before the age of 15 years. Though direct comparison isn't possible, it can be seen that the findings in BSS suggest early age at sexual debut **(9).**The 2005 DHS indicated that mean age at first sex was 16, which is lesser than the findings of this study **(7).**But a study conducted among AAU students indicated mean age at firs sex was 18 which is the same with

this study **(5).** The difference in the mean age at first sex among BSS and DHS can be explained by the difference in the composition of study population.

The major reason for initiation of sex among the study participants was falling in love (67.5%). In-school youth included in the national BSS study mentioned the same reason when asked their reason for sexual initiation (67.1%) **(9).** Thirteen percent of the sexually active respondents cited being forced by a friend/stranger as a reason for sex. According to BSS, 15.3% sexually active in-school youths explained forced sex as a reason for initiation of the practice (**9)**. In Kenya, among unmarried youths, 43% of them were forced in to first sex **(14).** This same study indicated that 34% of girls didn't want to have sex when they did sexual intercourse. In a study conducted among high school students of Nekemte town, 33.8% of those sexually active participants cited falling in love as a reason for initiation of sex. Peer pressure was mentioned by 17.2% of the respondents. The reason for initiation of sexual activity revealed by this study is similar to studies conducted in different countries and settings **(15).**

In this study 22.7% of the sexually active respondents had more than one sexual partner within the last six months. This indicated that the respondents in this group have a risk of reproductive health problems including HIV/AIDS and other STI's. In HIV/AIDS BSS, 22.7% of the sexually active respondents have greater than one partner within the last 12 months **(9).** The finding suggested that the practice of multiple sexual partnerships is prevalent in the study area.

In a study conducted among high-school students of Nekemte town, 34.5% of sexually active students had two or more sexual partners in the past 12 months prior to the survey **(15).** Both figures indicated that MSP is common practice among students.

The study indicated a considerable number of sexually active respondents, 26.4%, didn't use any method of birth control at their last sexual exposure. BSS indicated 56.9% of the in-school, sexually active youths didn't use any method of birth control during last sex **(9)**. A KAP study on emergency contraception among students of AAU reported a 10% of contraception usage **(20)**. In a study in Nigeria among secondary school students revealed that 25.4% of the sexually active students didn't use any method of contraception at their last sexual intercourse **(22)**. This study almost similarly showed that there is a gap in contraception utilization in the university.

Majority of the respondents of this study have knowledge on modern methods of contraception. This is in line with different studies conducted to assess knowledge pattern on contraception. This is evidenced by a study conducted among students in AAU and secondary school students in Nekemte town and Ibadan, Nigeria which also showed good knowledge status **(5, 15, 22)**.

The availability of SRH service with no-question contributes for the prevention and early treatment of problems related to sexuality. In this study only 17.5% of respondents knew that there is health service in the university that caters services related to sexuality. Among those who knew the availability of the service, only a few (18) ever visited the clinic for their SRH service needs. Of those respondents who visited, almost all agreed that the services rendered were unsatisfactory and not-welcoming. This finding is in agreement with the results of qualitative study conducted among the four universities in the country. According to this research, most of the students included in the study were found to be unaware of the availability of service in the premises of the campus. Moreover, those who knew that the service is available discussed that services are of poor quality and unfriendly **(11)**.

In this study 161(30%) of the respondents didn't believe that university students encounter SRH problems while they were in the university. A similar study conducted among students of AAU showed that 28 % of the respondents didn't believe that SRH problems are common and they considered SRH problems as issue that concern only women **(5)**. As seen earlier, a significant number of students didn't perceive that they are vulnerable to SRH problems.

Fertility awareness of students was assessed by asking to identify the fertile period of a woman in her menstrual cycle. Forty six percent of the respondents couldn't correctly identify the fertile period. A recent study among AAU students also showed a figure similar (46.8%) to this finding **(5)**. Another KAP study on EC among AAU students also showed that a considerable number of students couldn't identify the exact time of fertile period **(20)**. This shows that students weren't accessed to reliable source of information that gives them consistent information on issues of contraception.

Respondents in the study were asked the means of protection against sexually transmitted diseases including HIV/AIDS. Almost all, 494 (92%) of the students mentioned at least one of the three programmatically important prevention strategies. A similar finding was obtained in studies conducted among AAU, Gondor College of Medical Sciences and other in-school studies in Nigeria **(5, 19, 22)**. This signify that majority of the students in the university have basic knowledge on HIV/AIDS and other STI prevention strategies.

Twenty-six percent of students disagreed that a woman can get pregnant the first time she had sexual intercourse. The findings in other studies revealed that a significantly greater 35% of the respondents didn't agree that pregnancy will result after first sexual exposure **(5)**.

The main source of information concerning issues related to SRH was found to be TV/Radio in 80.6%, followed by friends in the university. In a similar study conducted among the four universities in the country showed that majority of the students got information about issues of SRH from their peers **(11)**. This may result in the inadequacy and inconsistency of information which leads students to undesirable SRH outcomes.

According to this study, those female students who have no boy-friend were found to be more exposed to pre-marital sexual activity as compared to those with boy-friend. In addition to this, being in age group 20-29 and living with families were found to be a protective factor for pre-marital sexual practice. A similar study among students of AAU showed that sexual experience has no significant association with socio-demographic characteristics **(5)**.

A study conducted among high school students in Nekemte town showed being male, a ninth grade student and ever had sexual partner were found to be positively or negatively associated with premarital sexual activity.

Adaptation to the environment and possibly maturity of the respondent can explain the low tendency of premarital sexual activity observed among those in the age group 20-29 and fourth year student.

Those students who are living with their families were found to be less exposed to premarital sexual practice as compared to students who reside in the premises of the campus. The culture and existing family tie may protect the students from practicing premarital sex.

CONCLUSION

- The study revealed that the prevalence of pre-marital sexual practice among female students of Hawassa University is high. It is also observed that students engaged in sex, while they are in the campus.
- Many sexually active students engaged in multiple sexual partnerships.
- The use of contraception among sexually active respondents was found to be very low. This will make the students exposed to sexual and reproductive health problems.
- There is no well-organized entity that provides information related to SRH issues in the university. Most students referred friends in the university as a source of information.
- The students have good knowledge on modern methods of contraception, fertility, STI/HIV/AIDS prevention. But, inconsistency in the level of knowledge among the different dimensions of SRH (fertility awareness, level of perceived vulnerability etc.) was observed.
- The health services rendered in the university weren't recognized by the students. Moreover, the service is considered of-low quality and unfriendly.
- Most students demand quality sexual and reproductive services to be rendered in the premises of the university campus.

RECOMMENDATIONS

Hawassa University

- Improve the quality and diversity of health services rendered in the campus.
- Establish or strengthen students' RH and AAC.
- Proper follow-up of the activities of the clinic.

Hawassa City Administration Health Department

- Establish school health programs on issues related to RH to the students community.
- Capacity building training for health workers in the university clinic

NGO's operating in the area

- Arrange IEC/BCC programs for the students in the university.
- Work with the university to support the establishment/ strengthening of youth-friendly SRH service in the premises of the campus.
- Arrange capacity building training to health workers in the university clinic.
- Work with the university in establishing/strengthening RH and AAC in the campus.

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ANNEX I

Consent Form

This is a research questionnaire used for the study entitled "***Premarital Sexual practice and contributing factors among female students of Hawassa University"***. The study principally focuses on premarital sexual activity and contributing factors. Sexual and reproductive health problems are prevalent in our setup. This study tries to quantify the magnitude of the problem taking premarital sexual activity and discuss some of the important factors linked with it. The participants of the study are selected on random basis. The data for the study will be collected by a self administered questionnaire. The questions involved are straight-forward and if anything is unclear for you, you can ask data collection facilitators any time. The questionnaire will take 20-30 minutes of your time.

The information you provide by filling the questionnaire will help us identify the problem in a greater detail and help identify the potential factors.

The information gathered while data collection will be used for the research purpose. No name or any identification is required. Data collection process will be on volunteer basis and you can interrupt filling the questionnaire at any time if inconvenience occurred.

Are you volunteer to participate in the study?

Yes _____ No _____

If 'No', please return the questionnaire to the data collection facilitators.

Thank you for assistance!!

Date ____/_____/_____

Checked by data collection assistant _____

Checked by the investigator _____

ANNEX II

Instruction: Please circle your answer among the choices on the right side of the questions or fill in the space provided whenever necessary.		
Part A: Socio-demographic characteristics		
A1	How old are you?	_____
A2	Marital status	1.Married 2.Single-**Go to A4** 3.Have casual sexual partner- **Go to A4**
A3	Age at first marriage	_____
A4	Do you have a boy-friend?	1.Yes 2.No
A5	What is your religion?	1.Orthodox 2.Protestant 3.Muslim 4.Catholic 88. Others(specify)_____
A6	What is your ethnic group?	1.Amhara 2.Oromo 3.Tigrie 4.Sidama 88.Othres(specify)_____
A7	In which academic year are you?	1.First year 2.Second Year 3.Third year 4.Fourth year
A8	How much is your average monthly income (pocket money)?	1._____ 2. No income at all
A9	With whom are you currently living?	1. With family/relatives 2.With friends in rented house 3.Alone in rented house 4.In the campus dormitory 88.Other(specify)_____
Part B: Knowledge of students about sexuality		
B1	What are the major sexual and reproductive health problems of young people?	1.Unwanted pregnancy 2.HIV/AIDS and other sexually transmitted infection 3.Abortion and its complication 4.Sexual violence 99. I don't Know 88. Others(specify)_____
B2	Do you believe that University students encounter sexual and reproductive health problems?	1.Yes 2.Not sure, skip to **B5** 3.I don't know, skip to **B5**
B3	What are the sexually transmitted problems that University students might encounter? ***(Mark all that apply)***	1.Untimely sexual practice 2.Unplanned pregnancy 3.Abortion 4.Sexually transmitted diseases 5.Violence 88. Others(specify)_____
B4	Of the problems you mentioned which one is the biggest problem for university students?	1.Untimely sexual practice 2.Unplanned pregnancy 3.Abortion

		4.Sexually transmitted diseases 5.Violence 88. Others(specify)_____
B5	When do you think is important for students to know about sexual and reproductive health and its problems?	1.At elementary schooling 2.At secondary schooling 3.Higher institution (College & University) 99.I don't know 88. Others(specify)_____
B6	During which part of the menstrual cycle does the woman have the greatest chance of pregnancy?	1.During her period 2.Right after her period 3In the middle of her period 4.Just before her period begin 5.The same through out 99.I don't know 88. others(specify)_____
B7	What are the ways to prevent pregnancy? ***(Mark all that apply)***	1.Oral Contraceptive pills 2.Using condoms 3.Injectables 4.Norplants 5.Intrauterine devices 6.Steriliztion 7.Absteinance 8.Withdrawal 9.Washing genitalia after intercourse 10. Intercourse during safe period. 88.Others(specify)_____
B8	What diseases can a person contract through unprotected sex?***(Mark all that apply)***	1.Gonorrhea 2.HIV/AIDS 3.Chancriod 4.Syphlis 5.LymphogranulommaVenereum 88.Others (specify)_____
B9	What can a person do to avoid getting sexually transmitted infection &HIV/AIDS?	1.Sexual abstinence 2.Avoid casual sexual practice 3.Remain faithful to partners 4.Use condoms for every sexual intercourse 5.Avoid sex with sex workers 88. Others (specify)_____
B10	Do you think that a girl can get pregnant the first time she had sex?	1.Yes 2.No 3.I don't know
B11	Do you think it is necessary for university students to consult someone in the university concerning sexual and reproductive health, HIV/AIDS and other sexually transmitted diseases?	1.Yes 2.No 3.I don't know
B12	What is your main source of information concerning reproductive health ,sexually transmitted infection, HIV/AIDS, Family planning and pregnancy?***(Mark all that apply)***	1.Peer education 2.Friemds 3.TV/radio 4.Posters,leaflets,newspaper,magazine 5.Anti-HIV/AIDS clubs 6.Health professionals 7.Regular class

		8.Nobody 88.Others(specify)_____
B13	If you want to know more about sexual activity, pregnancy, abortion, sexually transmitted infections, HIV/AIDS and contraception issue where do you go?	1.Friends in the university campus 2.Clinic in the university 3.Friends outside the university 4.Clinic outside university 88. Others(specify)_____
Part C: Sexual practice		
C1	Have you ever had sexual intercourse?	1.Yes 2.Not yet- skip to **C13**
C2	At what age did you first have sexual intercourse?	_____ years
C3	Why did you decide to have sexual intercourse the first time?	1.Fall in love 2.Forced to do so by boy-friend 3.Have desire 4.To get money /gift 5.Forced to do so by a stranger 6.Seeing friends doing it 7.I don't remember 88.Others(specify)_____
C4	With whom did you currently have sexual intercourse?	1.School friend 2.Out of school friend 3.Fiance 88. Others(specify)_____
C5	What is your relationship with your current sexual partner?	1.Fiance 2.friend 3.Just met 4.Relative 5.Don't remember 88.Others(specify)_____
C6	The last time you had intercourse, what was the relationship with your partner?	1.Fiance 2.Friend 3.Sexual partner 4.Just met 5.Relative 88.Others(specify)_____
C7	The last time you had sex; did you use any method of birth control or protection?	1.Yes 2.No –skip to **C9** 3.Don't remember
C8	What type of contraceptive have you used?	1.Condoms 2.Pills 3.Intaruterine devices (Loop) 4.diaphram 5.injectable 6.Norplant 7.Abstainance 88.Others(specify)_____
C9	What was the reason for not using contraceptives?	1.I have infrequent sex 2.Fear of side effects 3.Want to have children 4.Partner oppose 5.Lack of information 6.Difficult to obtain 7.Expensive 88.Others (specify)_____
C10	With how many partners have you ever had sexual	1._____

	intercourse?	2.I don't remember 3.I don't know
C11	With how many partners have you had sexual intercourse within the last six months?	1._____ 2.I don't know
C12	Have you ever used any contraceptives when you had sexual intercourse?	1.Yes 2. No
C13	Are there reasons why you have not chosen to have sexual intercourse?	1.I am not emotionally ready for it 2.I don't want the risk of pregnancy 3. I haven't met anyone I want to do with it. 4.I haven't had the opportunity 5. Fear of disease 6.My religious values are against it 7.My parent's values are against it 8.I want to wait until I am older 9. I want to wait until I am married
C14	Do you think a women should be able to refuse (if she doesn't want) to have sex with her boy friend/husband/fiancé?	1.Yes 2.No 99.I don't know
Part D: Service utilization		
D1	Is there health service in the university that provides services related to sexuality & its outcomes to the students?	1.Yes , there is 2.No, skip to **D7** 3. Provide some of them 99. I don't know
D2	Have you ever visited this service center for your sexual and reproductive health service needs?	1.Yes 2.No
D3	Do you think that services are encouraging and welcoming to students?	1.Yes 2.No 3.I don' know
D4	Do you think you would feel comfortable asking the provider any question about sexuality, family planning, Sexually transmitted diseases, HIV/AIDS, pregnancy & abortion issues?	1.Yes 2.No 3.I don't know
D5	Do you think the provider would be able to answer all of your questions?	1.Yes 2.No 3.I don't know
D6	Which health institution do you prefer to go when you need sexual and reproductive health services?	1.University 2.Private clinic 3.Government health institutions outside the campus 88. Other(specify)_____
D7	Do you like to have sexual and reproductive health services in the university campus?	1.Yes 2.No – skip to **E1** 3.I don't know
D8	Are you willing to pay if sexual and reproductive health services are made to you here in the University campus?	1.Yes 2. Not sure 3.I don't know
D9	Do you think that privacy and confidentiality are important for students in seeking sexual and reproductive health services?	1.Very important 2.Not important 3.No matter
Part E: Related Sexual and reproductive health issues (Unwanted pregnancy, Exposure to Sexually Transmitted Diseases)		
E1	Have you ever had reproductive health problems during your stay in this University?	1.Yes 2. No, skip to **E8**

		3. Don't know
E2	Which problems have you come across?	1.Unwanted pregnancy 2.Abortion 3.Sexually transmitted diseases 4.HIV/AIDS 5.Sexual Violence 88. Others(specify)_____
E3	Whom did you consult or ask advice when you encountered these problems?	1.School friend 2.Out of school friend 3.Fiance 4.Family 5.School clinic 6. Clinic outside of school. 7. School teacher 88. Others(specify)_____
E4	If you didn't consult/ask advice, why?	1. Don't know where to go 2.I couldn't appreciate place /counselor. 3.I was afraid 4.I didn't think it is necessary 88. Others(specify)_____
E5	Have you ever had any sexually transmitted infections during your stay in this university?	1.Yes 2. No, skip to **E8** 3.Don't know
E6	Which type of sexually transmitted infection have you had?	1.Gonnorrhea 2.HIV/AIDS 3.Chancroid 4.Syphilis 5.Lymphogranuloma Venereum 88. Others(specify)_____
E7	What did you do first when you had sexually transmitted infection?	1. I did nothing. 2 Self treatment. 3.Went to University clinic 4.Went to private clinic 5.Went to government clinic out side campus. 88.Others(specify)_____
E8	Have you ever been pregnant since you joined this University?	1.Yes 2. No – **End of questions.** 3. Don't know
E9	On which academic year?	1. _____ years 2. Don't remember
E10	Was the pregnancy wanted?	1.Yes 2.No
E11	What happened to you as a result of this pregnancy?	1.Dropped out of school 2.Had abortion 3. Separated from sexual partner. 88. Others(specify)_____
E12	When you become pregnant, with whom did you discuss the issue?	1.School friend 2. Fiancé 3.Family 4.School clinic professional 5.Out side clinic 88. Others(specify)_____

Declaration

I, the undersigned declare that this thesis is my original work in partial fulfillment of the requirement for the degree of Master of Public Health. I also declare that it has never been presented in this or any other university and that all resources and materials used in the thesis have been duly acknowledged.

Students Name: _____

Signature: _____

Place of submission: _____

Date of submission: _____

This thesis has been submitted for examination with my approval as a university advisor.

Advisor Name: _____

Signature: _____

Date of submission: _____